

## Exporter Quarterly Report (540-EXP)

This form is issued under authority of P.A. 403 of 2000, as amended. Filing is mandatory.

This report is due

► 1. Company Name and Mailing Address

► 2. Account Number (FEIN or TR)	► 2A. License Number	► 3. Report Period (MM/YYYY)
4. Contact Person Name		
5. Telephone Number		6. Fax Number
7. E-mail Address		

Enter the total gross gallons reported on Schedules 7A and 7B for each product type.

	Schedule	Gasoline	Dyed Diesel	Undyed Diesel	Aviation Gasoline	Jet Fuel	Other Products
8. Total gallons exported, destination state tax paid	7A						
9. Total gallons exported, Michigan tax paid	7B						

### CERTIFICATION

I declare, under penalty of perjury, that the information in this report and attachments is true and complete to the best of my knowledge.

☐

I authorize Treasury to discuss my return and attachments with my preparer.

☐

Do not discuss my return with my preparer.

Authorized Signature		Preparer Signature		Date
Printed Name	Date	Printed Name	Preparer FEIN	
Title	Telephone Number	Address		Telephone Number

#### Mail Report to:

Michigan Department of Treasury  
Customer Contact Division-Special Taxes  
Lansing, MI 48922

Questions: Call (517) 636-4600

## Instructions for Completing Form 4004, Exporter Quarterly Report

This report must be filed by the 20th day of the month following the end of the report period by Michigan licensed exporters.

**Note:** To request a refund of the Michigan excise tax for fuel exported to another state, you must file a Claim for Refund of Motor Fuel Tax (680-3). The claim form must be filed separate from this report. To obtain a Claim For Refund, contact us at (517) 636-4600.

### LINE-BY LINE INSTRUCTIONS (Lines not listed below are explained on the form.)

**Line 1.** Indicate changes to the company name and address by crossing out incorrect information and entering correct information.

**Line 2.** Enter taxpayer Federal Identification Number (FEIN or TR).

**Line 2A.** Enter taxpayer's 8-digit License Number.

**Line 3.** Enter the report period (example 06/2001 or June 2001).

**Line 4-7.** Enter the name, phone number, fax number, e-mail address of the individual who may be contacted for questions.

**Line 8.** Enter total gallons exported where the destination state tax was paid. (Schedule 7A)

**Line 9.** Enter total gallons exported where the Michigan tax was paid. (Schedule 7B)

### Product Codes (PC)

Enter the appropriate code on Page 1. The most common product codes are listed below. See Treasury's Web site for additional codes. When reporting "Other Products" not identified in Columns 1-5 on Page 1, enter the appropriate code in Column 6 or enter the combined total of all schedules for "Other Products."

#### Gasoline Products

065 - Gasoline

124 - Gasohol

241 - Ethanol

100 - Transmix

Other \_\_\_\_\_

#### Diesel Products

160 - Undyed Diesel

228 - Dyed Diesel

142 - Undyed Kerosene

072 - Dyed Kerosene

Other \_\_\_\_\_

#### Aviation Products

125 - Aviation Gasoline

130 - Jet Fuel

Other \_\_\_\_\_

#### Miscellaneous Products

054 - LPG

243 - Methanol

Other \_\_\_\_\_